



**SAFE HOME/LEADS SAFE CHARLOTTE PRE-QUALIFICATION APPLICATION 2019**  
 (Completion of the Application Does Not Guarantee Service)

Property Address	Zip Code
Homeowner's Name	Phone Number
Email address _____	
Head of Household if different from above (rental units only). Phone Number	

Please circle yes or no when prompted, and complete all other fields. Incomplete applications will not be considered.

<b>Yes / No</b>	Are your Property taxes are current?  Number of years delinquent _____ Amount Due \$ _____
<b>Yes / No</b>	Has owner lived in unit at least 1 year?
<b>Yes / No</b>	Do you have ownership rights to the property? If Multiple Owners: will all owners must agree to the terms of the program? <b>YES NO</b>
<b>Total Number of people that live in the house:</b> _____ Adults over 62: _____ Other Adults: _____ Children (under 18): _____ Full time college students: _____ Disabled Persons _____ Veterans _____ Disabled Veterans _____	
<b>Yes / No</b>	I have Homeowners Insurance
<b>If No</b>	1) Did not purchase insurance <u>or</u> 2) Cannot get the home insured due to condition of the home
<b>Yes / No</b>	Is the home under code enforcement action?
Code Inspector Name _____	
<b>LEADS SAFE CHARLOTTE</b>	
<b>Yes / No</b>	<b>Home Built before 1978?</b>
<b>Yes / No</b>	Is there a child under 6 living in the home?
<b>Yes / No</b>	Are there any frequently visiting children under the age of 6?
<b>Yes/ No</b>	Has the City previously done a lead inspection?

Please evaluate the following systems by circling the correct box:

<b>Roof</b>	Good Condition	Needs Minor Repair	Needs Major Repair
<b>Plumbing</b>	Good Condition	Needs Minor Repair	Needs Major Repair
<b>HVAC (heat and air)</b>	Good Condition	Needs Minor Repair	Needs Major Repair
<b>Electrical</b>	Good Condition	Needs Minor Repair	Needs Major Repair
<b>Flooring and Structure</b>	Good Condition	Needs Minor Repair	Needs Major Repair
<b>Windows and Doors</b>	Good Condition	Needs Minor Repair	Needs Major Repair

## Gross Income Estimate

List all income sources before taxes for all household members living in the home. **All applicants 18 years old and older are subject to a criminal background check prior to application approval.**

	Owner	Household Member # 2	Household Member # 3	Household Member # 4
Name				
Date of Birth				
Social Security Number for household members ages 18+				
Salary				
Tips, bonuses, Commissions, fees and or Overtime Pay				
Social Security Income				
Retirement or Pension Funds payments				
Unemployment Benefits				
Worker's Compensation				
Net income from a business				
Alimony, Child Support				
Welfare Payments for Rent or Utilities				
Cash gifts/stipends exceeding \$200 a month				
<b><u>Assets</u></b>				
Savings Account				
Checking Account				
Do you own any rental or additional properties?				
Stocks, Annuities				
Other income				
<b>Circle One</b>	monthly / weekly / bi-weekly	monthly / weekly/ bi-weekly	monthly / weekly / bi-weekly	monthly / weekly/ bi-weekly
<b>Household Total</b>				

If needed, attach additional income information using a copy of the application. Upon preliminary approval, additional Information will be required. Signature acknowledges applicant has read and agrees to **The Program Information and Assistance Policy** for Safe Home and LeadSafe Charlotte.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_